PATENT APPLICATION FEE DETERMINATION RECOI					Application or Docket Number					
• • • • • • • • • • • • • • • • • • • •	tive October 1, 20			1	)410	14	623	<b>)</b>		
/	S FILED - PART (Column 1)	(Column 2)		SMALL E	MILLA —	OR	OTHER SMALL			
TOTAL CLAIMS		<u>.</u>		RATE	FEE		RATE	FEE		
FOR	NUMBER FILED	NUMBER EXTRA		BASIC FEE	355.00	OR	Basic Fee	710.00		
TOTAL CHARGEABLE CLAIMS	/5 minus 20=	•		X\$ 9=		OR	X\$18=		BEST AVAILABLE	
INDEPENDENT CLAIMS	/ minus 3 =	<u> </u>	_	X40=		OR	X80=		₹	
MULTIPLE DEPENDENT CLAIM P	RÉSENT			+135=		OR	+27.0=		4	
* If the difference in column 1 is less than zero, enter "0" in column 2				TOTAL		OR	TOTAL	110		
CLAIMS AS	AMENDED - PAR	rt II					OTHER	THAN		
(Column 1)		mn 2) (Column	3)	SMALL		OR	SMALL			
< ■ REMAINING	NUM PREVI	IBER PRESENCUSLY EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	COP	
AFTER AMENDMENT Total Independent	Minus	0 -		X\$ 9=		OŖ	X\$18=·		7	
Independent • 2	Minus	3 -	4	X40=		OR	X80=			
FIRST PRESENTATION OF M	ULTIPLE DEPENDEN	I CLAIM		+135=		OR	+278=			
1/1/05				TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE			
(Column 1)	. (Colu	mn 2) (Column		, , , , , , , , , , , , , , , , , , ,				:		
CLAIMS REMAINING AFTER AMENDMENT	NUM PREVI	REST IBÉR PRESEI OUSLY EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Total · 15	Minus	20 -		X\$ 9=		OR	X\$18=.			
AFTER AMENDMENT  Total • /5  Independent • /	Minus •••	3 =	4	X40=		OR	X80=	· · ·	•	
FIRST PRESENTATION OF M	ULTIPLE DEPENDEN	I CLAIM	_	+135=		OR	+270=			
1115				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	:		
6-21-05 (Column 1)		mn 2) (Column	13)		•			•		
CLAIMS REWÄINING AFTER AMENIDMENT	PREVI	HEST HEER PRESEN OUSLY EXTRA FOR		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	•	
AFTER AMENIDMENT  Total  Independent	Minus	0 +		X\$ 9=		OR	X\$18=	·		
Independent • 1	Minus	3 4		X40=	·	OR	X80=			
FIRST PRESENTATION OF M	ULTIPLE DEPENDEN	T CLAIM	_1	+135=		OR	+270=			
' If the entry in column 1 is less than the entry in column 2, write "C" in column 3. " If the "Highest Nümber Previously Paid For" IN THIS SPACE is less than 20, enter "20."				YOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE			
"If the "Highest Number Previously P	Paid For IN THIS SPACE	is less than 3, enter	З		propriate bo	,				
	•	•							I	